

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007416

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 5

FILED MAR 12 1963

VS:300  
Rev. 4/59

1 0520

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4 0

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9 540.0

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |                              |   |  |
|--|------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Knox</b>   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>                           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Edina,</b>   |                              | c. CITY OR TOWN <b>Edina</b>  |  |
| Length of stay in 1b. <b>Life</b>  |                              | Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Residence</b>  |                              | d. STREET ADDRESS (If outside, give location)<br><b>Residence</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br><b>Algy Shafer</b>  |                              | 4. DATE OF DEATH<br><b>Mar 7 1963</b>   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>20 Mar 1894</b> |
| 9. AGE (last birthday)<br><b>68</b>  |                              | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Restaurant owner Street Commissioner</b>                   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Knox County, Mo</b>   |                              | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Wm H. Shafer</b>  |                              | 13b. MOTHER'S MAIDEN NAME<br><b>Nancy Valeria Cunningham</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |                              | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)   |  |
| 16. SOCIAL SECURITY NO.<br><b>5</b>  |                              | 17. INFORMANT<br><b>Mrs. Joe Bondank</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Angina Pectorus</b><br>Ulcer of stomach<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                              | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>10 years</b>  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                              | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                              | 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                              | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION<br><b>Edina, Missouri</b>   |                              | 20g. COUNTY<br><b>Edina, Missouri</b>   |  |
| 20h. STATE<br><b>Missouri</b>  |                              | 20i. CITY, TOWN, OR LOCATION<br><b>Edina, Missouri</b>  |  |
| 20j. COUNTY<br><b>Edina, Missouri</b>  |                              | 20k. STATE<br><b>Missouri</b>   |  |
| 21. I attended the deceased from <b>March 1, 1963</b> to <b>March 7, 1963</b> and last saw her alive on <b>March 7, 1963</b><br>Death occurred at <b>5:30</b> <b>am</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                              | 22a. SIGNATURE (Degree or title)<br><b>D.O.</b>   |  |
| 22b. ADDRESS<br><b>Edina, Missouri</b>   |                              | 22c. DATE SIGNED<br><b>3/8/63</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                              | 23b. DATE<br><b>9 Mar 1963</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Livville Cemetery</b>   |                              | 23d. LOCATION (City, town, or county)<br><b>Edina, Missouri</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Hudson-Rimer Funeral Home Edina, Mo</b>   |                              | 25. DATE RECD. BY LOCAL REG.<br><b>Mar-8-63</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Julius H. H. H. H.</b>   |                              | 27. REGISTRAR'S SIGNATURE<br><b>Julius H. H. H. H.</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me,~~  
or by James L. Davis, Student Embalmer No. 666  
working under my personal supervision.

Student

James L. Davis  
Signature of Student Embalmer

Signed

A. H. Rimmer

Licensed Embalmer No.

5041

P. O. Address

Edina, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.